

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101538613

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	2		/				
4	1		/				
5	1		/				
6	1		/				
7	1		/				
8	1		/				
9	/		/				
10	3		/				
11	/		/				
12	/		/				
13	2		/				
14	1		/				
15	1		/				
16	1		/				
17	6		/				
18	6		/				
19	1		/				
20	1		/				
21	2		/				
22	8		/				
23	8		/				
24	1		/				
25	1		/				
26	2		/				
27	1		/				
28	1		/				
29	1		/				
30	1		/				
31	1		/				
32	6		/				
33	6		/				
34	6		/				
35	1		/				
36	1		/				
37	1		/				
38	1		/				
39	6		/				
40	1		/				
41	1		1				
42	1		1				
43	1		1				
44	3		1				
45	3		1				
46	3		1				
47	1		1				
48	1		1				
49	1		1				
50	1		1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51			3		/		
52			11		/		
53			1		/		
54			1		/		
55			2		/		
56			1		/		
57			0		/		
58			0		/		
59			0		/		
60			0		/		
61			1		/		
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95							
96							
97							
98							
99							
100							
TOTAL IND.	9		8				
TOTAL DEP.	67	↔	53	↔			
TOTAL CLAIMS	76		61				